2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 16, 2004 8:00 am Secretary of State DOCUMENT # L03000036223 04-16-2004 90419 035 ****50.00 MIR PROPERTIES GROUP LLC Mailing Address Principal Place of Business 5089 FOXCROFT COURT 5089 FOXCROFT COURT 24042/00 ORLANDO FL 32808 ORLANDO FL 32808 Principal Place of Business 3. Mailing Address 824 Sparrow Song Suite, Apt. # Jetc. MOORE CR2E083 (11/03) City & State City & State Applied For 4. FEI Number FLorida)CDP 4 20-0243889 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARTER, KEVIN G 5089 FOXCROFT COURT Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Delete TITLE **MGRM** TITLE Change Addition CARTER, KEVIN G NAME NAME 1824 Sparrow Song Lane STREET ADDRESS 5089 FOXCROFT COURT STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32808 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Addition Kevin Car TORRES, DAVID NAME NAME Sparrow Song Lare STREET ADDRESS 5089 FOXCROFT COURT STREET ADDRESS Ococe. FL 3476 CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME = NAME - -er David Torres STREET ADDRESS STREET ADDRESS SAME CITY-ST-ZIP CITY-ST-ZIP Treasurer Down Torres Kevin Carte TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS SAME CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MENAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED